

# STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Sprinkle  
Express  
Lines

## BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

### TRANSPORTATION COVER SHEET

#### DOCKET

NUMBER: \_\_\_\_\_

If this is your first time filing an application with the PSC, you will have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Lakeya Sprinkle

Address: 2045 Bermuda Dr  
Orangeburg SC 29115

Telephone: 803 876 9011

Fax: \_\_\_\_\_

Other: \_\_\_\_\_

Email: Lakeya.davis29@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

### NATURE OF ACTION (Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Application - Class A/A Restricted<br><input type="checkbox"/> Application - Class C Taxi<br><input type="checkbox"/> Application - Class C Charter<br><input type="checkbox"/> Application - Class C Charter Bus<br><input checked="" type="checkbox"/> Application - Class C Non-Emergency<br><input type="checkbox"/> Application - Class C Stretcher Van<br><input type="checkbox"/> Application - Class E Household Goods<br><input type="checkbox"/> Application - Class E Hazardous Waste<br><input type="checkbox"/> Application<br><input type="checkbox"/> Request for Extension to Comply with Order<br><input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded<br><input type="checkbox"/> Request for Cancellation of Certificate<br><input type="checkbox"/> Request for Suspension<br><input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Request for Name Change on Certificate<br><input type="checkbox"/> Request to Amend Scope of Authority<br><input type="checkbox"/> Request to Amend Tariff (rate increase, etc.)<br><input type="checkbox"/> Request to Amend Passenger Limit<br><input type="checkbox"/> Request<br><input type="checkbox"/> Exhibit<br><input type="checkbox"/> Late-Filed Exhibit<br><input type="checkbox"/> Letter<br><input type="checkbox"/> Proposed Order<br><input type="checkbox"/> Publisher's Affidavit<br><input type="checkbox"/> Reservation Letter<br><input type="checkbox"/> Response<br><input type="checkbox"/> Return to Petition<br><input type="checkbox"/> Other: _____ |
|--|---|

RECEIVED

AUG 12 2021

PSC SC  
MAIL / DMS

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: 8-10-2021

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Sprinkle Express Lines LLC  
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name)

2045 Bermuda Dr  
Street Address of Applicant

Mailing Address of Applicant (if different from street address)

803 878-7014

Phone

Fax

lakeya davis 20@gmail.com  
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship  
☐ Partnership - List names and address of all person having an interest in the business.  
☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### Financial Statement

Applicant's assets and liabilities are as follows:

<b><u>Assets:</u></b>		<b><u>Liabilities:</u></b>	
Value of Real Estate	80,000	Mortgage/Loan on Real Estate	0
Value of Motor Vehicles	40,000	Loans Owed on Motor Vehicles	0
Cash on Hand	15,000	Business/Other Loans Owed	0
Cash in Bank	15,000	Other Liabilities or Debts	0
Value of Other Assets and Equipment	0	<b>Total Liabilities</b>	0
<b>Total Assets</b>	150,000		

### INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

**PROPOSED RATES AND CHARGES FOR SERVICE**Proposed Rates and Charges:

0.150 - 40 miles and under

\$1.3.00 per mile, 30 miles & under

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.  
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |  |                                       |                                     |  |                                       |
|--|---------------------------------------|-------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Abbeville           | <input type="checkbox"/> Cherokee     | <input type="checkbox"/> Florence   | <input type="checkbox"/> Lee                   | <input type="checkbox"/> Saluda       |
| <input checked="" type="checkbox"/> Aiken    | <input type="checkbox"/> Chester      | <input type="checkbox"/> Georgetown | <input checked="" type="checkbox"/> Lexington  | <input type="checkbox"/> Spartanburg  |
| <input type="checkbox"/> Allendale           | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion                | <input type="checkbox"/> Sumter       |
| <input type="checkbox"/> Anderson            | <input type="checkbox"/> Clarendon    | <input type="checkbox"/> Greenwood  | <input type="checkbox"/> Marlboro              | <input type="checkbox"/> Union        |
| <input checked="" type="checkbox"/> Bamberg  | <input type="checkbox"/> Colleton     | <input type="checkbox"/> Hampton    | <input type="checkbox"/> McCormick             | <input type="checkbox"/> Williamsburg |
| <input checked="" type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington   | <input type="checkbox"/> Horry      | <input type="checkbox"/> Newberry              | <input type="checkbox"/> York         |
| <input type="checkbox"/> Beaufort            | <input type="checkbox"/> Dillon       | <input type="checkbox"/> Jasper     | <input type="checkbox"/> Oconee                |                                       |
| <input type="checkbox"/> Berkeley            | <input type="checkbox"/> Dorchester   | <input type="checkbox"/> Kershaw    | <input checked="" type="checkbox"/> Orangeburg | <input type="checkbox"/> Statewide    |
| <input checked="" type="checkbox"/> Calhoun  | <input type="checkbox"/> Edgefield    | <input type="checkbox"/> Lancaster  | <input type="checkbox"/> Pickens               |                                       |
| <input type="checkbox"/> Charleston          | <input type="checkbox"/> Fairfield    | <input type="checkbox"/> Laurens    | <input type="checkbox"/> Richland              |                                       |

## DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

☒ 1-7 Passengers, including driver

☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL CHAIR LIFT
2005	Chrysler Town & Country	2C4GP64R265R174850	174850	NO
2011	Chevy Malibu Sedan	1G1ZD5E70B139305	305	NO

## INSURANCE QUOTE

**This form MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Lakeview Sprinkle  
Name of Applicant  
2045 Bermuda Dr Orangeburg SC 2915  
Address of Applicant

**Amount of Premium:**

Liability Insurance \$ 30,000

The above quoted premium is for a term of 12 months.

**Minimum Limits** - Bodily injury and property damage limits will not be less than the following:

**Limits Quoted**

Liability Combined Each Occurrence	\$ 1,000,000	
Medical Payments per Person	\$ 1,000	

Beikshire Hathaway Homestate  
Name of Insurance Company  
134 Douglas St Suite #1300  
Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).



Breeze

Submission ID  
11977497

Proposed Policy Period: 08/06/2021 - 08/06/2022

### Insured Information

**Business Name** Sprinkle Express Lines LLC  
**DBA**  
**City, St Zip** Orangeburg, SC 29115  
**DOT** N/A

### Agent Information

**Agency Name** W. Lee Taylor, Jr. Agency, LLC  
**Agent** WHIT WHITTINGTON  
**Email** wwittington@tayloragency.com

### Coverage and Premium Information

		Annual Premium*
Liability	\$1,000,000 Combined Single Limit	\$30,121
Uninsured Motorists	\$25,000/\$50,000 Split Limit	\$640
Uninsured Motorists Property Damage	\$25,000	Incl
Named Additional Insureds		\$100

\*Note: Your actual premium may vary due to driver quality, loss history, account risk characteristics, or other factors.

**Total Annual Premium\*** **\$30,861**

### Payment Plan Options

	Down Payment	Est. Installment ‡
Pay in Full	\$30,861	N/A
2 Payments	\$16,048	\$14,813
4 Payments	\$8,364	\$7,500
6 Payments	\$6,173	\$4,938
11 Payments	\$6,173	\$2,469

‡ Rounded to next dollar. An additional \$8.00 fee per installment will apply unless enrolled in automatic electronic payments.  
Accepted payment types include bank account, credit or debit card.

ACCEPTED FOR PROCESSING - 2021 August 12 1:12 PM - SCPSC - 2021-265-T - Page 7 of 17



Breeze

Submission ID  
11977497

Proposed Policy Period: 08/06/2021 - 08/06/2022

### Vehicle Information

1	2005 CHRYSLER TOWN & COUNTRY	VIN: 2C4GP64L65R174850	
	Body Type: Minivan	Radius: Up to 50 miles	
	Liability		\$15,675
	Uninsured		\$333
Vehicle Total: \$16,008			
2	2011 CHEVROLET MALIBU	VIN: 1G1ZD5E70BF395305	
	Body Type: Sedan	Radius: Up to 50 miles	
	Liability		\$14,446
	Uninsured		\$307
Vehicle Total: \$14,753			

### Driver Information

#	First Name	Last Name	Date of Birth
1	Lakeya	Sprinkle	
2	Lamario	Sprinkle	

ACCEPTED FOR PROCESSING - 2021 August 12 1:12 PM - SCPSC - 2021-265-T - Page 8 of 17



## Schedule of Forms & Endorsements

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CA 0001	(10/2013)	Business Auto Coverage Form
CA 0150	(05/2017)	South Carolina Changes
CA 2119	(12/2013)	South Carolina Uninsured Motorists Coverage
CA 2189	(12/2013)	South Carolina Split Uninsured Motorists Limits
CA 2402	(10/2013)	Public Transportation Autos
IL 0017	(11/1998)	Common Policy Conditions
IL 0021	(09/2008)	Nuclear Energy Liability Exclusion Endorsement (Broad Form)
M 4566a	(11/1999)	Motor Vehicle Liability Insurance Identification Card
M 4572	(12/1994)	Schedule of Forms and Endorsements at Policy Inception
M 4803	(02/1998)	Abuse or Molestation Exclusion
M 4959a	(03/2002)	Schedule of Covered Autos
M 5332a	(12/2009)	South Carolina Changes - Cancellation and Nonrenewal
M 5398	(03/2009)	South Carolina Important Notice - Uninsured Motorist
M 5603	(03/2017)	Policy Jacket
M 5605	(02/2011)	Business Auto Coverage Declarations
M 5623	(04/2011)	Application of Policy - Financial Responsibility
M 5749	(01/2013)	Underinsured Motorists Coverage Amendatory Endorsement
M 5872	(04/2016)	Changes to Common Policy Conditions - Cancellation
M 5887	(05/2016)	Additional Insured Endorsement

Applicant Name: Sprinkle Express  
Lines LLC  
Quote Number: 11977497

Billing Services:  
1-877-680-2442  
7:00 AM-7:00 PM Central Time, Mon-Fri  
[billing@bhhc.com](mailto:billing@bhhc.com)
**Indicated Premium:** \$30,861.00 (includes government fees and assessments, if applicable)

Payment Plans:	11-Pay	6-Pay	4-Pay	2-Pay	Full Pay
<b>Down Payment</b>					
Due at Binding	\$6,173.00	\$6,173.00	\$8,364.00	\$16,048.00	\$30,861.00
<b>Installments *</b>					
Month 1	\$2,468.08	\$4,936.96			
Month 2	\$2,468.88		\$7,498.56		
Month 3	\$2,468.88	\$4,937.76			
Month 4	\$2,468.88				
Month 5	\$2,468.88	\$4,937.76	\$7,499.22	\$14,813.00	
Month 6	\$2,468.88				
Month 7	\$2,468.88	\$4,937.76			
Month 8	\$2,468.88		\$7,499.22		
Month 9	\$2,468.88	\$4,937.76			
Month 10	\$2,468.88				

\*Indicates number of months after policy effective date.

Direct Bill policies require a down payment at the time of binding. The down payment may be submitted online from the insured's bank account, credit or debit card during binding. Subsequent installments will be due on the same calendar day as the effective date of the policy. Please see the payment plan options above.

## Recurring Payments



Recurring payments are a convenient and secure option to automatically deduct insurance payments from a bank account, credit card, or debit card on the scheduled due date. Enroll by completing the Recurring Payment Authorization form or by calling Billing Services at 1-877-680-2442 7 am - 7 pm Central Time Monday - Friday.

### Terms and Conditions

This quote is being offered subject to the following terms and conditions. The Company disclaims any responsibility for your failure to reconcile the original application with coverage quoted herein. Failure to comply with the following terms may result in cancellation.

#### Terms:

- All New Drivers must meet driver guidelines.
- Commission: 12.5%.
- Compliance with UM/UIM Limit Requirements.
- DOT inspections will be monitored throughout our policy period to verify ALL inspected power units are scheduled on the policy.
- No short-term leases or trip-leases of 30 days or less. Inform if different.
- No Transportation of Hazardous Materials, Garbage, Contaminated Soil, Asbestos, or similar exposures.
- Our policy must schedule all owned power units, and any other power units operating under the insured's authority.
- Prompt reporting of all new drivers.

Unless Otherwise specified, all conditions listed below must be satisfied within 30 days of binding coverage. Failure to satisfy all conditions within the applicable timeframes may result in cancellation.

#### Conditions:

Completed and Signed Selection/Rejection forms as required by state law.

Quote is valid through: 09/03/2021

**Disclosure Statement:** The premium for this account includes a commission that is within the terms of your normal commission schedule included within the provisions of your Agency Agreement. If your agency contract includes a Profit Sharing Agreement, this policy may or may not be included in that profit sharing plan. It's unclear at this time whether you will be eligible for profit sharing or whether this individual account will increase or decrease any profit sharing payout as the loss ratio is undetermined at this time and any payments are not guaranteed.

This is **NOT** a binder of insurance. Company must be notified prior to Binding Coverage.



# Berkshire Hathaway HOMESTATE COMPANIES

PO Box 31145 - Omaha, NE 68131

## Recurring Payments Authorization Form

### Billing Services:

1-877-680-2442

7:00 AM-7:00 PM Central Time, Mon-Fri

[billing@bhhc.com](mailto:billing@bhhc.com)

Insured Name: Sprinkle Express Lines LLC  
Quote Number: 11977497  
Agency Name: W. Lee Taylor, Jr. Agency, LLC

Recurring payments are a convenient and secure option to automatically deduct your insurance payment from your bank account, credit card or debit card on the scheduled due date. When enrolled in recurring payments the installment fee is eliminated, lowering your bill.

### Select a Request Type:

Enroll in Recurring Payments ☐

Change Recurring Payments Account ☐

Stop Recurring Payments ☐

(only signature and date required)

Name on Account: \_\_\_\_\_

Account Holder Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

E-mail Address for Receipts: \_\_\_\_\_

### Enroll using a Checking/Savings Account

Account Type: Checking Account ☐ Savings Account ☐

Bank Name: \_\_\_\_\_

Routing Number\*: \_\_\_\_\_

Account Number: \_\_\_\_\_

*\*Please note that a routing number has exactly nine digits.*

### Enroll using a Credit/Debit Card\*

Card Type: Visa ☐ Master Card ☐ Discover ☐ American Express ☐

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

*\*A nominal transaction and reversal may appear on your statement due to our validation process.*

### Please submit this completed form via one of the following methods:

- FAX to 1-866-897-2393
- MAIL to PO Box 31145, Omaha, NE 68131
- **\*\*E-MAIL WILL NOT BE ACCEPTED\*\***

**Please Note:** Down payments will not be processed from the information on this form. Down payments may be processed online at the time of binding or by calling Billing Services.

A payment schedule will be mailed to you showing the dates and amounts of your recurring payments. If there is an outstanding bill when you enroll in recurring payments, a one-time payment will be processed on the bill's due date. If a payment date falls on a weekend or holiday, the payment will be drafted on the next business day. Please note that three (3) business days advanced notice is required to change or stop recurring payments.

\*\*\* I authorize National Indemnity Company [on behalf of Berkshire Hathaway Homestate Companies] to initiate automatic payments for premium on my insurance policy and its renewals to my bank account, credit card or debit card. This authority shall remain in effect until I revoke it in writing to the address above, by fax to 1-866-897-2393 or by calling Billing Services. I authorize my financial institution to debit the above designated bank account, credit card or debit card, and understand that I will receive advance notice of any increase in payments which result from endorsements to or renewal of my policy.\*\*\*

AUTHORIZED SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_



**Berkshire Hathaway**  
HOMESTATE COMPANIES

M-5861 01/2021

1314 Douglas Street, Suite #1300, Omaha, NE 68102-1944 | Phone: 800.488.2930 | BHHC.com

08/04/2021

Sprinkle Express Lines LLC

2045 Bermuda Dr

Orangeburg, SC 29115

Billing services:

1-877-680-2442

Monday - Friday

7:00 AM - 7:00 PM Central Time

Claim reporting:

1-800-356-5750

24 hours a day

7 days a week

RE: Insurance Quote: 11977497  
Proposed Term: 08/06/2021 - 08/06/2022  
Writing Company: Berkshire Hathaway Homestate Insurance Company

To Sprinkle Express Lines LLC:

Berkshire Hathaway Homestate Companies may use consumer information obtained from consumer reporting agencies to help determine the terms, conditions, or premium of our insurance policies. Specifically, we used the insurance score derived from consumer data in the LexisNexis Attract for Business Owners Underwriting Model 3.1 to underwrite this Insurance Quote. Based on the information from LexisNexis, we have not offered the most favorable terms, conditions, or premium available.<sup>1</sup>

LexisNexis did not make this decision and is unable to provide the specific reason(s) for this action.

This insurance score was provided by LexisNexis based on consumer data for the following individual(s):

Name: Lakeya Sprinkle  
Address: 2045 Bermuda Dr  
Orangeburg, SC 29115

This individual may obtain a free copy of the consumer report from LexisNexis by contacting LexisNexis within 60 days of this notice:

LexisNexis Consumer Center  
P.O. Box 105108 1-800-456-6004  
Atlanta, Georgia 30348-5108 www.consumerdisclosure.com

This individual may also dispute the accuracy or completeness of information contained in the consumer report. If the individual disputes information contained in the consumer report, and that dispute results in the correction or deletion of information in the consumer report, you may request that we reevaluate the underwriting of this Insurance Quote to determine if you qualify for more favorable terms, conditions, or premium.

Regards,

Berkshire Hathaway Homestate Insurance Company

<sup>1</sup> Please be advised that whether this action is deemed an "adverse action" under the Fair Credit Reporting Act (15 U.S.C. § 1681) depends on the relevant law of the applicable jurisdiction.

Berkshire Hathaway Homestate Insurance Company

**Exhibit Fit, Willing, and Able (FWA)**LaKeya Sprinkle

Name

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

**Exhibit on Driver Qualifications**

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 EXECUTIVE CENTER DRIVE, SUITE 100  
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Lakeys Spurr  
Applicant's Signature

Owner  
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )

COUNTY OF Orangeburg )

SWORN TO BEFORE ME  
This 6<sup>th</sup> day of July, 2021

Margaret A. W. Foster  
Notary Public

Commission Expires 2/26/2026

Print Application



# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:**

Sprinkle Express lines LLC, a limited liability company duly organized under the laws of the State of South Carolina on July 16th, 2019, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal  
of the State of South Carolina this 23rd day  
of July, 2021.

  
Mark Hammond, Secretary of State